

REQUEST FOR VISIT AUTHORIZATION AMC SUP 1, AR 380-5			DATE:	
THRU:		TO:		FROM:
Permission is requested for the following named employee(s) to visit your facility as described below:				
LINE NO:	NAME OF VISITOR	DATE AND PLACE OF BIRTH	SSN	CITIZENSHIP
CLASSIFICATION OF INFORMATION TO BE DISCUSSED AND PURPOSE OF VISIT:				
DATE(S) AND DURATION OF VISIT:				
PERSON(S) TO BE VISITED:				
TYPED NAME & TITLE OF REQUESTING OFFICIAL:			SIGNATURE:	
TO BE COMPLETED BY SECURITY OFFICE				
LINE NO:	LEVEL OF CLEARANCE AND ISSUING AUTHORITY			DATE
Unless otherwise notified, the above visit will be considered approved.				
TYPED NAME & TITLE OF SECURITY OFFICER:			SIGNATURE:	DATE:

DATA REQUIRED BY THE PRIVACY ACT OF 1974

(5 USC 552a)

TITLE OF FORM

Request for Visit Information

PRESCRIBING DIRECTIVE

AMC SUP 1, AR 380-5

1. AUTHORITY

Executive Orders 10450 and 10865; Title 10, USC, Section 3012

2. PRINCIPAL PURPOSE

To advise facilities of forthcoming visits of military and civilian personnel.

3. ROUTINE USES

Indicates that a forthcoming visit is authorized and verifies the visitor's level of clearance and Issuing authority. Provides facility being visited with the visitor's name; date and place of birth; Social Security Number; citizenship; classification of Information to be discussed and purpose of visit; date(s) and duration of visit; and person(s) to be visited.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION

Disclosure of the Information is voluntary. The personal information requested is necessary to preclude unauthorized disclosure of classified defense information. Refusal to provide Information will result in nonadmittance to classified areas and briefings.